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**THE**  
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**A Monthly Journal of Materia  
Medica and Therapeutics,**

**Devoted to the Advancement of Homœopathy, and Published  
both in ENGLISH and SPANISH.**

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Taste and Bad Breath Repertory.  
Hints, Notes, Miscellaneous, &c.**

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# EDITORIAL.

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With the usual timidity of beginners we enter into a new field of labor. We undertake the publication of a new Journal, strengthened by our faith in the system we have embraced and trusting in the indulgence of those who may feel inclined to support and encourage our work. Our motto shall be assiduity and perseverance. Nothing will be left undone to bring the LAW OF SIMILARS into the most useful operation, but while so doing we shall not be less diligent in studying the causes and pathology of diseases, for we firmly believe, that for the successful application of our remedies such a knowledge is not unimportant, (see § 3, 4, 5, of the Organ).


We invite all good homœopaths to help us in the development of our resources, pointing out our shortcomings and suggesting such changes or plans as may be thought convenient to the best elucidation and practical application of our system. With fraternal courtesy we intend to meet the views of those who may differ from us, but we shall not fail to uphold and defend individualization and the single remedy, rejecting easy methods, for they do not conform with what our school claims and teaches. This is our mission and under these colors we wish to be known and trusted.

The excuse we offer for undertaking this task is that we think there are at present, here and elsewhere, many young physicians and students in need of good advice, and surrounded by pernicious influences, which, if left unchecked, will certainly lead them to disloyalty and failure. We must teach them how to study *Materia Medica*; show them how the small dose of a single remedy properly selected, can effect cures in all curable diseases, and point out to them the dangers of generalizations, easy methods, routinism, &c. To do all this we shall become their bosom friend, and try to offer them well selected food.

We start this publication in a modest way, in the hope that with age and experience we may be able to grow larger and more useful each day. This MEDICAL BRIEF will appear monthly, both in ENGLISH and SPANISH, to circulate in North, Central and South America, and in Spain and Cuba. The City of Mexico is the place of publication of the Spanish issue, which is an exact copy of the English, published in Philadelphia.

We close our first address to the fraternity by stating that we shall earnestly endeavor to satisfy the expectation of our readers, dealing with all class of questions in a sincere and just manner, touching on all subjects of interest to our school with liberality and fidelity, rejecting, however, all and everything that may have a tendency to thwart our efforts or injure our cause, and while at the beginning, perhaps through lack of experience, we may fall short of our promises, we will not relax until we have attained the degree of perfection necessary for success.

We also expect our friends to aid us with their subscription, that we may be placed in a position to do a good work for the cause of Homœopathy.



# THE INTERNATIONAL BRIEF.

*Similia Similibus Curantur.*

## MATERIA MEDICA.

### ANALYTIC STUDY OF BELLADONNA.

#### Nervous System.

1.—**Brain and its Membranes.** Intense *congestion and inflammation*, with strong pulsation of the carotids, flushed face, injected eyes, dilated pupils, tingling in the ears, throbbing headache, delirium, and great intolerance of light and noise.

2.—**Mind.** *Perversion, excitement*, with violent impulses to strike, bite, escape, hide, etc. *Hallucinations*; the patient imagines he sees animal forms, conflagrations, corpses, ghosts, monsters, insects, etc. *Delusions, fits of laughter, changeable mood.*

3.—**Sensorium.** *Irritability and excitability of the senses. Great intolerance of light and noise. Blunted intellect.* All degrees of disturbance, from slight drowsiness to delirium on the one hand to stupor on the other. The delirium is usually noisy, loquacious, with desire to spring out of bed, to escape; sometimes muttering, with grinding of teeth, rolling of the head, carphologia and sudden startlings. *Insomnia, broken slumbers, or frightful dreams, about murder, robbers, etc. Vertigo.*

4.—**Individual Cranial Nerves.** In the *motores oculi* the common disturbances are: *spasm of the muscles of the eyes and lids, strabismus, diplopia, and mydriasis.* In the area of distribution of the *facial*, neuralgias of various kinds and location, convulsive movements of the muscles of the face and mouth, trismus, and gritting of the teeth. In the *nerves of special senses*, intolerance of light and noise, optic neuritis, hardness of hearing, tinnitus and otalgia.

5.—**Spinal Cord.** *Congestion and inflammation.* The motor phenomena are: *tonic contractions of the erector spina muscles, from mere stiffness to complete opisthotonos, and clonic spasms from twitching of single muscle-groups to general epileptiform convulsions. Spasms renewed by contact or bright light.*

6.—**Area of Distribution of the Spinal Nerves.** The most important *sensory disturbances* are: *peripheral hyperæsthesia, and neuralgic pains in the track of single nerve-branches.*

7.—**Involuntary Muscles.** Partial and total *paralysis, sphincters relaxed, enuresis; iris dilated. Spasms, retention of urine, cystospasm, rigid os, etc.*

8.—**Motor Nerves.** (Terminations and trunks). *Paralysis, loss of muscular power, with unsteady gait and staggering.*

9.—**Vaso-Motor Nerves.** *Contraction followed by dilatation and congestion, with flushing of the face, throbbing of the arteries, &c.*

<b>Skin.</b>	<b>Capillary Congestion.</b> <i>Smooth erythematous rash, like that of scarlet fever and non-vesicular erysipelas, which commences with minute red points, soon assumes a diffused, scarlet red, shining appearance, and is attended with dryness, burning heat, and nervous disturbances. Abscess (redness, tension, swelling, pain.</i>
<b>Mucous Membranes.</b>	<b>Congestion and Inflammation.</b> <i>Involvement of sub-mucous cellular tissue, (dryness, heat, redness, swelling, pain and constitutional disturbances). Accompanying symptoms, varying with location.</i> <b>Ocular Localization.</b> <i>Burning soreness, shooting pains, injection, lachrymation, intense photophobia, &lt; Right side.</i> <b>Faucial Localization.</b> <i>Burning soreness, rawness, dryness, swelling and painful deglutition. Turgescence of tonsils and surrounding tissues, with secretion of ropy mucous, constant urgency to swallow, and rejection of liquids through the nose. Impending suppuration.</i> <b>Laryngeal Localization.</b> <i>Painful constriction, rough voice, hoarseness; short, hurried, anxious breathing; dry, tickling, spasmodic cough.</i> <b>Uterine Localization.</b> <i>Clutching, clawing pains; urgent downward pressing toward the genitals, as if everything would protrude through the vulva. Sensitiveness, cannot bear the least jar. Profuse flow of hot, bright red blood; or dark, very offensive. Putrid lochia.</i>
<b>Glands.</b>	<b>Arrest or Suppression of the Glandular Secretions.</b> <i>(Salivary, sudoriparous, mammary), with dryness of the mucous and cutaneous surfaces. Agalactia. Acute engorgement of the breast and other glandular structures, with an erysipelatous appearance, and red streaks running in radii. Impending abscess.</i>

To become acquainted with, and measure well the therapeutic value of **Belladonna**, we shall review, part by part, the foregoing digest. In the first place, we have seen how prominently this drug exerts its influence upon the *nervous system*, where not only the *brain*, but also the *spinal cord* is deeply affected and the *sensitive* as well as the *motor nerves*. In fact, we may well assert that its most characteristic symptoms are derived from these disturbed areas. Whenever the brain and its membranes become congested and inflamed, and the spinal cord participates in the trouble, the *nervous phenomena* following, will, in the majority of cases, closely correspond to those of this drug, and this correspondence becomes still greater if the *sensorial functions* are disturbed or perverted. A careful study of the central, peripheral, motor and sensory phenomena will lead

us at once to its use in many *organic and functional affections* of the parts we are considering.

In *acute congestion of the brain*, arising from any cause, (exposure to great heat, alcohol, excessive brain work, fever and reflex disturbances, such as gastric irritation), **Belladonna** covers admirably the *period of excitement*, and the same may be said of *acute simple meningitis*, a form of *leptomeningitis*, generally affecting the *convexity* of the brain, and where *congestion of the pia mater* is the initial manifestation. But even in the *stage of depression* it will be found to cover some of the most pathognomonic symptoms, such as *somnolence*, *dilatation of the pupils*, *relaxation of the sphincters*, *retention of urine*, *coma*, &c. And again, if we take into consideration, that in *simple leptomeningitis*, where tubercles do not exist, if the *base of the brain* is attacked the symptoms

developed are almost identical with those of *tubercular meningitis*, we may still be able to employ this drug with advantage in the latter affection.

The symptoms of the *stage of irritation of acute spinal congestion and inflammation* are also indicative of **Belladonna**, especially if the affection of the spine is associated with cerebral meningitis, the phenomena of which are then superadded, making the picture more complete. When, however, the backache abates, the muscular spasm is replaced by paralysis, hyperæsthesia by anæsthesia, and the reflex excitability which has previously increased, becomes diminished, we must consult other remedies better suited to the *stage of depression*. We should, further, bear in mind that the symptoms of *meningitis* are really those of *superficial myelitis*, and their severity depends upon the extent to which the latter proceeds, and that in those cases of *myelitis* which are secondary to *meningitis*, as so frequently happens, the early stages will of course be characterized by the symptoms peculiar to the latter affection.

The action of **Belladonna** on the individual *cerebral nerves* (area of distribution of the facial, nerves of special senses, and those supplying the *motores oculi*) suggests at once its applicability to many affections referable to these parts, and the same may be said of the disturbances it creates in the *involuntary muscles*, principally in the *sphincter vesicae* and *muscular coats of the uterus*. In *rigidity of the os*, it is only second to **Gels**. And to finish the review of this group we must direct attention to its power to relieve *spasms* and *general convulsions*, epileptiform, puerperal, and certain congestive kinds, as those produced by the irritation of teething, or worms.

**Belladonna** is likewise very efficacious in the *treatment of pain*; *congestive*, as in headache, otitis, rachialgia, ovarites, &c; *inflammatory*, as in abscess, cellulitis, adenitis, mastitis, tonsillitis, &c.; *spasmodic*, as in colic, dysmemorrhœa, proctodynia, &c.; *neuralgic*, as in prosopalgia, cephalalgia, odontalgia, myalgia, &c; the general characteristic being, that the *pains* for which it is the remedy, come on

*suddenly, and after a shorter or longer duration, cease suddenly.*

We may also anticipate good results from its use in *mental disturbances*, for its pathogenesis is rich in *psychical phenomena*. We have noticed the *sensorial excitement, the violent impulses, the maniacal attacks, the baseless creations of the fancy, the delusions, the alternation of humor, &c.*, all them manifestations of the perversion this drug is able to provoke on the mind.

We will also find this remedy indicated in the *excitement of certain manias* or mental troubles attending *epilepsy*. In *puerperal mania* it should be consulted, and the same may be said of *mania a-potu* where the congestive and spasmodic state, with violent delirium and hallucinations closely correspond to **Belladonna**.

And finally to control the *noisy, or violent delirium of active inflammatory fevers*, especially when requiring restraint, we have no better remedy.

As to the local action of **Belladonna** we may briefly state that its pathogenesis reveals at once its appropriateness to many *acute, inflammatory conditions of the eye, throat, and female sexual organs*. Its favorable effects have been very marked in *acute catarrhal conjunctivitis, blepharitis, tonsillitis, or sore throat*, without plastic deposit. Its efficacy has also been very manifest in various *troubles of the womb and its appendages*, such as *metritis, congestion and inflammation of the ovaries, prolapsus, vaginitis*; and we must make reference to its incalculable value in *arresting uterine hemorrhages*, when the blood is hot, of a bright red color, and there is the characteristic pressing towards the vulva. Its action upon the *glands* explains likewise its value in *mastitis and mammary abscess*. The *cutaneous phenomena* will be profitably considered in relation with those *essential fevers* exhibiting similar *exanthematic rashes*. In *scarlatina*, principally, the character of the eruption and sore throat has made of this drug the leading remedy. In the *prodromal rash of variola*, when scarlatiniform, we must necessarily resort to this remedy. And in *non-vesicular erysipelas*, especially of the face, and if the brain becomes involved, its curative properties have been frequently verified.

## PRACTICE.

**Acute Cerebral Meningitis**

Is an inflammation of the *pia-mater*, generally affecting the *convexity of the brain*, but it may only attack the *base*, or even be *general*. A simultaneous involvement of all the meninges, however, is very rare; and as inflammation of the *dura-mater* (*pachymeningitis*), and of the surface of the arachnoid (*arachnitis*) are probably always secondary to surgical injury, or disease of the cranial bones, we shall limit our study to the two forms of *leptomeningitis*, known under the name of *simple* and *tubercular meningitis*. The first although often secondary to disease or injury to the skull, also occurs in connection with facial erysipelas, rheumatism, syphilis, eruptive and typhoid fevers, infectious endocarditis and pneumonia. The second is always excited by the tubercle bacillus.

**Symptomatology.**

*Promonition* is usually absent and the onset is abrupt.

**Stage of Irritation**—The invasion is sometimes characterized by *rigors* or *chilliness*, followed by *fever*, *strong frequent pulse* and *intense frontal headache*; at other times by *obstinate vomiting*, or by an *epileptic seizure*. The *fever* is *intense* (104°F), often of a very irregular type, and the *pulse* is *subject to sudden variations* independent of the fever. The *headache* is constant and exaggerated by movement, noise and light. *Vomiting* is usually obstinate, first of food, later of bile, and attended with *thirst*, *loss of appetite* and *constipation*. The patient may be *fretful*, *restless* and *delirious*. The *delirium* is *noisy*, with or without *hallucinations*, especially in meningitis of the convexity. Important motor phenomena are: *tremor* or *twitching* of the face and limbs, *contraction of the pupils*, of the muscles of the nucha (*head thrown backward*), of the eyes (*strabismus*), of the jaws (*trismus*, *grinding of the teeth*), and of the pharynx (*dysphagia*). The urine is retained. The only general sensory phenomenon frequently noticed is *hyperæsthesia*, with *intolerance of light and sound*.

**Stage of Depression.**—Continuation of the *fever* (*variable rises*), the *pulse* becomes *slow and irregular*, and again rapid but very feeble. The *headache* and other irritative symptoms gradually *subside* and the patient soon falls in a *somnolent*, or *comatose condition*, from which can no longer be roused. At this time *absolute insensibility* prevails, the *pupils* are *dilated*, the *sphincters relaxed* and *paralysis* may supervene, especially *ptosis* and *paralytic strabismus*. The *breathing* is *rapid, irregular, laborious*. The *abdomen* may be *retracted*. The *urine* may contain *albumin*. As death approaches the *temperature* rises rapidly, or falls below normal. *Convulsions*, or *asphyxia* often constitute the closing scene. *Recovery* at this stage is rare. The *course of the disease* is continued, sometimes with *fleeting remissions*. *Average duration* of the attack, from 5 to 6 days, variable for each stage. The above is the description of a typical case, but of course, the departures met with in practice are numerous and demand our most careful consideration.

The **Diagnosis** comprises the exclusion of the *eruptive fevers*, which have a more rapid rise of the temperature, and their special rashes; no backache as in *variola*, no sore throat as in *scarlatina*;—of *typhoid fever*, which has a gradual ascent, *tyimpanitis*, *diarrhœa*, *sensitiveness* and *gurgling* in the right iliac-fossa, less headache, and less frequent vomiting;—of *uræmia* which ordinarily has *hypothermia*;—of *tubercular meningitis*, which usually has *prodromus*, an insidious onset, late and less active *delirium*, less violent headache, slower course, and well marked remissions in the fever and other symptoms. The **prognosis** is as a rule unfavorable.

**Treatment.**—According to our own experience there is no drug better suited to the stage of irritation of typical cases than **Bell.**, for it covers admirably the local and general phenomena. Early prominent symptoms, or atypical conditions, may claim the study of other drugs, for instance, **Bryo.** when the delirium is mild, the headache severe,



shooting and tearing, and there is a shunning of motion; or Gels. when the headache is excruciating and attended by nausea, vertigo and blindness; or in teething children with jactitation of the muscles and tendency to convulsion. Bell. on the other hand may be followed by Hyos. if erotomania supervenes, or there is muttering delirium, with loss of hearing, carphologia and *subsultus tendinum*, or when long-lasting spasms, with angular motions predominate;—by Stram. when the delirium is furious, with hallucinations, retention of urine, and dysphagia;—by Lach. when the delirium is loquacious, with distorted features, and trembling tongue;—by Cupr. when the spasm starts at the fingers or toes, with oppressed breathing, trismus and grinding of the teeth, especially during detention;—by Zinc when irritation followed by cerebral torpor is a prominent and early feature;—and by Ars. when irritability persists, notwithstanding the rapid sinking of the forces.

In the stage of depression, with or without effusion, when the pains subside and the patient sinks into a comatose state from which he can no longer be aroused, and absolute insensibility prevails, the remedy to consult is Hell.;—when the deep coma is attended by stertorous breathing, Opi.;—when the stupor and prostration are attended by involuntary micturition and defecation, Arn.;—when effusion takes place, and the brain pains persist, with rolling of the head, grinding of the teeth, strabismus, convulsions, and sensitiveness to touch, Apis.;—and when a slow state supervenes, with muttering delirium, dry brown tongue, sordes, and involuntary stools, Rhus.

With respect to the indications furnished by predominant symptoms we should consult:—for obstinate vomiting: *Æthus.*, Ant. t., Bell., Cocc., Opi., Verat.;—for convulsions: Bell., Hyos., Cupr., Stram., Apis., Sec.;—for paralytic phenomena: Cocc., Phos., Plumb., Hell., Gels., Rhus., Zinc.;—for apoplectic phenomena: Arn., Bell., Opi., Hyos., Lach., Hydr. ac.;—for asphyctic manifestations: Ant. t., Cupr., Hydr. ac., Carb. v., Opi.

As regards *clinical varieties*, consult—*for children*: Aco., Apis., Bell., Cupr., Gels., Glon., Hell., Lach., Merc., Sulph., Zinc.; during the process of teething: Bell., Cupr., Calc., Gels.; with worms: Cina.—in *drunkards*: Bell., Hyos., Lach., Nux., Opi., Stram.;—in *syphilitic patients*. Merc. c., K. Hydr., Thuja., Nit. ac.

As regards *external causes*—after *traumatism*: Arn., Cicut.;—in consequence of *sunstroke*: Acon., Bell., Glon., Gels., Verat. v. When the result of *suppressed eruptions*: Bell., Bryo., Gels., Cupr., Rhus., Apis., Lach., Zinc.; *chronic rash*: Sulph.;—of *suppressed discharges*, as otorrhœa: Puls., Sulph.;—of *exanthematic fever*: Cupr.; *measles*: Puls.;—during *erysipelas*, *metastasis* to the brain: Apis., Bell., Canth., Cupr., Hyos., Lach., Stram., Zinc., Sulph.

The *accessory means* comprise quietude and ventilation of the room, which should always be dark and of a moderate temperature, never exceeding 70°F. As to the patient, the head should be elevated, and an ice-bag applied to it, after removing the hair. Bear in mind that the excruciating headache is exaggerated by noise and light. The diet must be liquid; milk in small and repeated quantities probably the best. Attention to the bladder is of great importance.

**Chronic Cerebral Meningitis** rarely occurs from a preceding acute inflammation. It is usually the result of injuries and inflammation of the cranial bones, irritation by tumors, prolonged mental labor with anxiety, syphilis, chronic alcoholism, and may develop during the course of chronic Bright's disease. It is also frequently noticed in demented and paralytic subjects.

The *symptoms* are obscure, ill-defined and in some respects resemble those of cerebral softening. At the onset they consist of dull and constant headache, *timinitus*, vertigo, strabismus, diplopia, trembling, convulsions, and other manifestations of cerebral irritation. *Cutaneous hyperæsthesia* has been noticed in some parts, while numbness was present in others. If delirium occurs it is usually mild, and cases with *delusions* do frequently end in



*dementia.* At a more advanced period, if certain cranial nerves are involved, we may have as a result *paralysis of the face, tongue, pharynx, and larynx.* *Incomplete paralysis of the limbs,* of variable distribution, may supervene. Finally, the *memory is impaired, the mind is feeble, and the gait is tottering.*

**Treatment.**—In general, that of acute meningitis. If after the indicated remedy (*Arg. n., Bell., Bryo., Caust., Cocc., Cupr., Gels., Hyos., K. hyd., Lach., Merc. c., Nit. ac., Nux., Opi., Phos., Plumb., Rhus., Sulph., Zinc*) paralysis persists, try electricity. There must be quietude of mind and appropriate hygiene.

## *Multum in Parvo.*

### HITS AND HINTS.

The careless and indiscriminate placing together of **hallucinations and illusions**, as it has been done in some of our repertoires and other books, is highly misleading to the student, for there is a great difference between these two psychical phenomena. As a preamble to the explanation of their meaning, it may be stated, that *all sensations are resolved into impression, transmission and perception.* A man has a *hallucination* when in the deepest darkness imagines to see an enemy, and has an *illusion* when he thinks a friend or relative to be this enemy. In the first case, the object is imaginary or false, while in the second it is real; in other words, in the former the perception is a phenomenon of pure cerebral automatism, not preceded or provoked by any actual peripheral impression, nothing but a baseless creation of the fancy, the latter on the other hand cannot be produced without the presence of an exterior object, it is a real impression, but modified or perverted before it is perceived; a mistake of the senses. To this we may add, that any illusion or hallucination misleading the judgment and governing the conduct is a *delusion*.

In estimating the real value of these expressions of mental disease, we should bear in mind, that they may be temporary and arise from causes, such as exhaustion, fever, alcohol, or other poisons, the effects from which are speedily recoverable. On the other hand, if under the administration of the indicated remedy, the patient is unable to speedily regain the power of correcting

hallucination by reason, and he acts upon a belief in, or obeys the promptings of his hallucination, he should be considered insane and the case hopeless. *Hallucination of hearing and sight* are the most serious, and if they become fixed and permanent, they lead to *delusion*, which is thought to be the only conclusive evidence of *insanity*. Remember also, that *the most important hallucinations* met with, are those in which the phenomena occurs while the subject is fully awake and about his daily calling.

**Fever**, strictly speaking, is not a characteristic of the action of **Belladonna**, but its appropriateness to *pyrexias*, attended by *sanguineous engorgement of the brain and cerebro-spinal irritation*, is so evident, that its study in this connection becomes of paramount importance. The only essential fever to which it closely corresponds is *scarlatina*, and this principally on account of its *cutaneous and faucial* localizations. In other fevers, essential or symptomatic, it is called into use as an intercurrent remedy, and its selection always depends on the state of the brain and spinal cord, the character of the pulse and hyperthermia being of secondary importance.

In **infantile pneumonia** the thoracic affection is generally *unilateral and unilobular*, the superior lobe being more frequently attacked than in the adult, and there seems to be no predilection for either side, unless the localization is at the *apex*, or at the *base*. In the former case, the seat is usually the right side, and in the latter the left side.

*Multilobular*, or *double pneumonia* is about eight times less frequent than *unilobular*. Killiet and Barthez have described under the name of *cerebral pneumonia*, the pneumonia of the apex, which is attended by serious nervous phenomena. They distinguish two principal varieties, the *eclampsic*, in which convulsions are the predominate symptoms, and which is most common during dentition; and the *meningeal*, which is mainly characterized by drowsiness and coma, in children from 2 to 5 years, and by delirium and hallucinations in those of from 5 to 10 years. These conditions, however, usually disappear with the fever, and do not make the prognosis unfavorable.

**Pneumonia of the apex**, has also a marked predilection for the aged, poorly nourished, and drunkards, and is frequently attended by *serious collapse*, *adynamia*, and the *typhoid state*. It easily ends in *suppuration*, and provokes *delirium* and *jaundice*, but the *stitch in the side*, *cough*, and *expectoration* are not prominent. It is more common in the right side and may be confounded with a tubercular lesion. When the *signs* are not found in the clavicular region, or over the supraspinous fossa, we must look for them in the axilla. This preference of location seems to be due to the inferior vitality of the upper lobes of the lungs.

**Double pneumonia** is always *single at the start*, (Grisolle), and it is later on—from the sixth to the eighth day—that the other side becomes attacked, the usual seat being the corresponding lobe. The *second invasion* is *less extended and severe*, and neither chill nor stitch in the side announce its appearance. The appearance of the *sputa of the first localization* is not modified by the sputa of the second, and it is only by percussion and auscultation that we can discover the new focus. The *dyspnœa*, however, increases with the second invasion, and the *axillary temperature* furnishes us a valuable sign, for it is equal on both sides.

In treating **intermittent fevers of malarial origin**, we should bear in mind, that of the hours of occurrence of the attack, given in the books, only these comprised between midnight and noon deserve our careful consideration, for, as a rule, intermittents which occur in the evening are not malarial, but symptomatic, and associated with quite distinct morbid processes (*tuberculosis*, *suppuration*, &c.) More important is to note the *type*, the *irregularities* in the sequence of the three stages, and any *anticipation* or *retardation* of the succeeding paroxysms.

## Memorabilia.

**Taste.**—Among the sympathetic affections arising from disease of the stomach, liver, and other parts, the **disturbances of the sense of taste**, give us valuable hints for the selection of the remedy. The *taste* may be *acid*, as in dyspepsia and gastro-intestinal troubles, in general;—*bitter*, as in jaundice and other liver affections;—*sweetish*, as in glycosuria and lead poisoning;—*saltish*, as in phthisis;—*putrid*, as in gangrene of the lungs;—*metallic*, as is occasioned by the action of metals on the system, such as mercury, iodide of potass, &c.;—*insipid*, as in catarrh;—&c. But the *sense of taste* is oftentimes perverted in a direct manner by changes

in the buccal secretions; thus during *indigestion* the natural alkalinity of the saliva is lessened, and the patient frequently complains of a *sour* or *bitter taste*. And again, the condition of the teeth, the dryness of the mouth, the saburral coating of the tongue, and the diminished motility of this organ, also disturb the exercise of the gustatory faculty. On the other hand, the *sense of taste* is rarely rendered more acute than natural, though it is so occasionally in *nervous affections*, as in *hysteria* and *hypochondriasis*, but it is sometimes almost benumb. When lost from *apoplexy*, or some other *cerebral disease*, and when not restored during convalescence, a relapse

is to be dreaded. As some persons, though not suffering from gastric or other troubles, and enjoying a good appetite often complain of *bad taste*, we may be called upon to prescribe for this annoying symptom.

### REPERTORY.

**Acid taste**, *nux. v., puls., sulph., calc., bell., phosph., phos. ac., chin., caps., nat. m., lycop., cocc., cupr.*;—in the morning, *nux. v., sulph.*;—of the food, while eating, *nux. v., chin., calc., tarax.*;—of drinks, *nux. v., sulph., chin.*;—of coffee, *chin.*;—after drinking, *nux. v., sulph.*;—after milk, *sulph., carb. v., nux. v., puls.*;—of bread, *bell., nux. v., puls., chin., cham., cocc., staph.*;—of meat, *puls., tarax., caps.*;—of beer, *puls., merc.*;—of butter, *puls., tarax.*;—after eating, *puls., nux. v., carb. v., cocc., nat. m., sil.*

**Bitter taste**, *nux. v., puls., sulph., cham., merc., carb. v., ars., arn., chin., lyc., acon., ant., ipec. verat.*;—in the morning, *sulph., merc., bryo., sil., calc., lyc., baryt., carb. a.*;—in the evening, *puls., arn., amm.*;—of the food, *nux. v., bryo., cham., puls., chin., coloc., ars., sulph., ferr., hep., rhus., acon.*;—of bread, *puls., nux. v., ars., merc.*;—of butter, *puls.*;—of meat, *puls.*;—of drinks, *puls., chin., acon.*;—of milk, *puls.*;—of wine, *puls.*;—of beer, *chin., ars., puls.*;—after eating or drinking, *puls., bryo., ars.*;—of tobacco, *cocc., asar.*

**Sweetish taste**, *merc., phos., plumb., puls., saba., sulph., bryo., bell., chin., cupr., ferr., stann., spong., acon., agar., alum., ars., bism., ipe., dig.*;—in the morning, *sulph.*;—of food, *puls.*;—of bread, *merc., puls., sang.*;—of meat, *puls., squill.*;—of beer and milk, *puls.*;—as if of blood, *ipec., ferr., sulph., sil., zinc., kalm., amm.*;—as if of filberts, *coff.*

**Saltish taste**, *carb. v., phos. ac., phos., puls., nux. v., sep., sulph., ant. t., cocc., nat. m., cupr., rhus., chin., jod., lyc., verat.*;—of food, *carb. v., sulph., ars., bell., chin., puls., sep., tarax.*;—on coughing, *carb. v., cocc.*

**Putrid taste**, *arn., merc., ars., aur., bell., carb. v., cham., puls., coni., acon., verat., phos. ac., nat. m., caust., sulph., nux. v., bar. c., rhus., sep., valer., bapt.*;—in the morning, *sulph., rhus.*;—after eating, *rhus.*;—

of the beer, *ign.*;—of the water, *nat. m., chin.*;—of the meat, *puls.*

**Metallic taste**, *rhus., cupr., nux., nux. v., calc., cocc., lach., merc., zsc., agn., aloë, bism., coc. c., nat. m., sulph., zinc.*

**Inspid taste**, *bryo., chin., ign., puls., staph., valer., ant. c., bell., caps., chel., ars., nat. m., k. bich., petrol., sulph., verb.*;—of the food, *puls., ars., chin., bryo., ign., nux. v., merc., calc., ars., ruta.*;—of butter, *puls.*;—of the meat, *puls., nux. v.*;—of coffee, milk or tobacco, *nux. v.*;—of the beer, *puls., ipec.*;—aqueous, mucous, *rhus., chin., bryo., puls., bell., staph., ipec. caps., rhab., arn., plat., dulse., sulph.*

**Impyreumatic, rancid taste**, *puls., ipec., bryo., nux. v., chin., cham., sulph., petro., cycl.* **Acrid, astringent taste**, *ars., lach., rhus., alum.* **Fatty, oily taste**, *puls., caust., sil., asaf., lyc., rhus., alum.* **Herby taste**, *nux. v., verat., phos. ac., puls., sass., stann.* **Earthy taste**, *puls., hep., chin., phos., ign., ipec.* **Viscid taste**, *phos. ac.* **Too dry taste of food**, *ferr., ruta.*;—of bread, *rhus.* **Nauseous taste**, *bryo., merc., puls., nux. v., ars., sep., stann., sulph., zinc.*;—of bad tobacco, *nux. v., puls., ign., cocc., arn., calc., staph., ipec.*;—of rotten eggs, *nux. v., puls., sulph., arn., merc., bryo., rhus., verat., carb. v., cham., cycl.*

**Acute taste**, *chin., coff., bell., cocc., bar. c., camph., acon., agar.*;—dull, benumb, *puls., ant. c., calc., ferr., nux. v., par., rhodo., sec., sil., stram., sulph.*;—lost, *puls., bell., sil., nat. m., lyc., phos., hyos., bryo., hep., kalm., calc., mag. m., anac., sang., sec.* **Food without taste**, *puls., bryo., nux. v., ars., merc., staph., sulph., calc., ruta., ign.*

In close connection with the symptoms just mentioned is an offensive state of the breath, which is sometimes found isolated enough to claim special attention. *Bad breath*, although frequently the result of a disordered stomach, may arise from caries of teeth, local disease of the nose or ear, disease of the tonsils and ulceration of the throat or œsophagus. In habitual drinkers and those who are salivated, it is extremely foul. During the progress of scurvy, exanthematous, typhoid and pestilential fevers, it is also very offensive and even infectious. In

diseases of the lungs and bronchi; cases of offensive breath from pulmonic disease are not confined to instances of empyema and asthenic or sloughing pneumonia, but are found in chronic bronchitis; purulent decomposition takes place from the retention of mucus and pus in the more dependent bronchi, and sulphuretted hydrogen is abundantly produced. Nowhere, however, is the breath so overpoweringly offensive as in *gangrene of the lung*, which may be almost diagnosed by this symptom alone.

There is still other conditions of the breath to which we must refer. In severe *purpura hemorrhagica*, with bleeding from the gums, as well as in less degrees of purpura in connection with albuminaria and chronic hepatic disease, the breath becomes very offensive from decomposed blood, the odor is peculiar and very characteristic, and at once is recognized from that dependent on gastric disease. Again, as in renal disease the stomach is easily disordered, foul breath becomes a prominent symptom, and in some instances has a peculiar urinous smell, said to be due to the abnormal presence of urea in the gastric and other secretions, this is particularly the case in some chronic conditions and in acute uræmic poisoning. And finally, sweetness of the breath, especially in children, should not always be considered an indication of perfect health, for it is a condition very often observed in connection with gastric disturbance, where hepatic disease is also co-existent. Young children suffering from gastro-hepatic troubles very frequently have a sweet breath, but it is not confined to them alone, it is observed in older persons similarly affected.

## REPERTORY.

For bad or foul breath, in general, consult *merc*, *nux. v.*, *arn.*, *hyos.*, *bryo.*, *sulph.*, *bell.*, *sil.*, *rhus.*, *aur.*, *anac.*, *petrol.*, *ipéc.*, *sec.*, *stan.*, *sulph. ac.*, *agar.*, *apis.*, *actea.*, *led.*;—**extremely fetid**, *crotal*;—in **syphilis**, *nit. ac.*;—in the morning, *sil.*, *nux. v.*, *sulph.*, *bell.*, *arn.*, *puls.*, *arg. n.*, *cact.*, *agar.*, *am. carb.*, *chin.*, *lyc.*, *sang*;—on rising, *hyos*;—after rising, *nux. v.*,

—on awaking, *lyc.*;—when fasting, *jod.*;—after dinner, *sulph.*, *nux. v.*, *cham.*;—in the afternoon, *gels*;—in the evening, *aur.*, *sulph*;—at night, *puls.*, *sulph*, *aur*;—breath of a sour odor, *nux. v.*, *sulph*, *puls*, *agar*, *coc. c.*, *graph.*;—odor of onions, *par.*, *petrol*, *phos*, *tell*;—odor of garlic, *petrol.*, *tell.*;—odor like cedar-pitch, *canth*;—odor of cheese, *aur.*, *k. carb*;—rotten cheese, *mez.*;—acid, as from horseradish, *agar*;—burnt odor, when coughing, *dros*;—tarry odor, *carb ac.*;—musty odor, *alum*, *nat. c.*, *eup. perf*;—urinous odor, *graph.*;—sweetish odor, *nux. v.*, *merc*, *bryo.*, *sulph*;—metallic odor, *berb.*, *mez*;—putrid breath, *merc*, *arn*, *bryo*, *nit. ac.*, *puls*, *lyc*, *cham.*, *aur*, *chin.*, *carb. v.*, *rhus.*, *hep*, *lach.*, *jod.*, *kreas.*, *nux. v.*, *sabin.*, *seneg*;—of a cadaverous odor, *phos*;—fecal odor, *bapt.*, *plumb.*

**Comparisons.**—The pressing downwards towards the genitals, so characteristic of *Bell.*, and indicative of prolapsus, is also found under *Sep.*, *Plat.*, *Nat. c.*, *Nat. m.*, *Nit. ac.*, *Ferr. jod.*, *Lil. tig.*, *Aloe.* and *Sulph.*

*Bell.* Great pressing towards the genitals, as if everything would protrude, with dryness and heat of the vagina, >, wrapped up in a warm room.—*Sepia*. Pressing in uterus, as if everything would protrude, from atonic relaxation of the ligaments, must cross limbs to prevent prolapsus, with offensive fluid leucorrhœa, burning pains in small of back, sinking faintness and general coldness.—*Plat.* Bearing down and constant pressure in the region of the vulva, with pruritus, voluptuous tingling and anxiety; < at dawn, especially in hysterical women.—*Nat. c.* Bearing down in hypogastrium as if everything would come out, with marked weight of the parts; better while moving about, worse in a thunder storm; nervous women greatly influenced by music.—*Nat. mur.* Pressing towards the vulva every morning, usually with back-ache, must set down to prevent prolapsus, better lying on the back; also with cutting in urethra after micturition.—*Nit. ac.* Pressing down in hypogastrium as though everything would protrude, with great

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